FEE DETERMINATION RECORL Effective October 1, 2000

Application or Docket Number

09/868889

Effective October 1, 2000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER SMALL E	OTHER THAN MALL ENTITY	
		COMMITT	·	No. of the last		ſ	RATE	FEE	Γ	RATE	FEE	
TOTAL CLAIMS		NUMBER FII	LED	NUMBER	EXTRA		BASIC FEE	054	or ^E	ASIC FEE		
FOR		29 minus 20=		. 9			X\$ 9=	81	OR	X\$18=		
TOTAL CHARGEABLE CLAIMS		\ minus 3 =		•			X40=	0 1	OR	X80=		
INDEPENDENT CL								070				
MULTIPLE DEPEN						+135=		OR	+270=			
* If the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	TUAN	
C	(Column 1)	AMENDED - PART II (Column 2) (Column 3)					SMALL		OR	OTHER SMALL	ENTITY	
VT A	CLAIMS REMAINING AFTER		HIC NU PRE	SHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	AMENDMENT	Minus	••		-		X\$ 9=	,	OR	X\$18=		
Independent	•	Minus	***,		=		X40=		OR	X80=		
FIRST PRES	ENTATION OF	MULTIPLE DEI	PENDE	NT CLAIM		j	+135=		OR	+270=		
							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
1				olumn 2)	(Column 3	1	ADDIT. PEE					
B	(Column 1 CLAIMS REMAINING AFTER		H N PRI	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE	_] .	RATE	ADDI- TIONA FEE	
Total Independent	AMENDMEN	Minus	••	AIDTON	=	1	X\$ 9=		OF	X\$18=		
Independent		Minus	1		=		X40=		OF	X80=		
FIRST PRES	SENTATION OF	MULTIPLE DE	PEND	ENT CLAIM			+135=		OF	+270=		
					-		TOTAL			TOTA		
							ADDIT. FEI	E L	` - لب	ADDIT. FE	. C 	
O	(Column CLAIMS REMAININ			HIGHEST NUMBER	PRESENT EXTRA		RATE	ADDI- TIONA		RATE		
	AFTER AMENDME		PF	REVIOUSLY PAID FOR	EATHA	4		FEE	-	V640	FEE	
Total	• /	Minus			=	4	X\$ 9=			1		
Total Independer	nt *	Minus	1	DENT CLAIR]= v	\dashv	X40=		_ 0	R X80=		
FIRST PRE	SENTATION O	F MULTIPLE U	EPEN	DENI CLAII	·	لـــ	+135=		0	R +270:	=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								\Box \circ	R ADDIT. F	AL EE		
	t Number Previou st Number Previou Number Previous					3." mbe	er found in the		box in			